**KYOU-TV** 

## **FCC 388**

## **DTV Quarterly Activity Station Report**

#### Instructions

Station Call Sign(s)

This form should be used to provide the Federal Communications Commission (FCC) with information pertaining to <u>all</u> station activity to educate consumers on the transition to digital television (DTV). All stations should log DTV Transition-Related Public Service Announcements (PSAs) and other DTV activities using the appropriate house (identification) numbers. These logs or records should include the date and time that each DTV activity occurred. This form must be filed in Docket Number 07-148 as Document Type: REPORT, and placed in the station's Public Inspection File. This form must be submitted for each quarter in which a station has DTV Transition education obligations.

Report reflects information for quarter ending (mm/dd/yy)					0 3 3 1	0 8
Have you opted to comply with Option One, Two, or Three (once elected, this choice may not change)?						
Option One (A and D) Option Two (B and D) Option Three (C and D)						
Over the past quarter, h	ave you fully complied wit	h the requi	irements of this	option?	•	
Yes No						
Simulcasting Are you simulcasting on your Analog channel and your primary Digital stream?						
Yes No						
If YES, complete only one form for both. If NO, complete a form for your Analog channel and a second for your primary Digital stream.						
	Anaiog cn	annei and a	second for your	primary	Digital stream.	
Call Sign	Channel Numbers	nel Numbers Community of License				
	Analog 15	C	City	State	County	Zip Code
	Anatog					
KYOU-TV	Digital 14 ✓	Ottum	wa	lowa	Wapello	52501
Licensee Ottumwa Media Holding, LLC						
Above, check the Channel Number(s) to which this form applies.		Nielsen DMA	World	World Wide Web Home Page Address		
		Ottorsus Kidenilla				
		Ottumwa-Kirksville www.kyoutv.com				
Facility ID Number	Previous Call Sign (if applicable)		License Renewal Expiration Date (mm/dd/yy)			
				) 2	0 1 1 4	1
53820				1	1 1 1 m.l.	

#### Section A (For broadcasters electing Option One)

Stations that elect Option One must place a copy of this form on the station's public website, if such exists.

On its analog channel, and its primary digital stream, a station must air one transition PSA, and run one transition crawl, in every quarter of every day. This requirement will increase to two PSAs and crawls per quarter per day on April 1, 2008, and to three of each on October 1, 2008. Stations are required to air PSAs or crawls at various times in any given day part, and at least one PSA and one crawl per day must be run during primetime hours. On-air education must not contain inaccurate or misleading statements and must be provided in the same language as a majority of the programming carried by the station. PSAs must be at least 15 seconds, and closed-captioned. Crawls must run during programming for no fewer than 60 consecutive seconds across the bottom or top of the viewing area (See rules for additional details).

Have you aired a sufficier	at number of eligible PSAs (28, 56, or 84 per week, depending on the reporting period)
during the correct quarters	of the day?
Yes	No
Have you aired a sufficient during the correct quarters	nt number of eligible crawls (28, 56, or 84 per week, depending on the reporting period) s of the day?
Yes	No No

### Section B (For broadcasters electing Option Two)

On its analog channel, and its primary digital stream, a station must run an average of 16 transition-related PSAs and 16 transition-related crawls, snipes, and/or tickers per week in each quarter, all between the hours of 5 a.m. and 1 a.m. It must also run one 30 minute DTV-related informational program once, and one 100-Day Countdown piece per day for the 100 days prior to the conclusion of the transition. Comment boxes MUST be used to describe these compliant activities (See rules for additional details).

# Total Number of Eligible DTV Transition-Related PSAs and Crawls, Snipes, and/or Tickers (CSTs) Run -- Last Quarter

How many DTV PSAs and CSTs did your station run between	5:00 a.m. and 1:00 a.m. last quarter?
Total 5:00 a.m. to 1:00 a.m. PSAs	8
Total 5:00 a.m. to 1:00 a.m. CSTs	3
For informational purposes only, how many DTV PSAs and C to 9:00 a.m.?	STs did your station run in the last quarter from 6:00 a.m.
Total 6:00 a.m. to 9:00 a.m. PSAs	0
Total 6:00 a.m. to 9:00 a.m. CSTs	0
For stations located in the Eastern or Pacific Time Zone, how last quarter from 6:00 p.m. to 11:35 p.m. (must average at least	•
Total 6:00 p.m. to 11:35 p.m. PSAs	
Total 6:00 p.m. to 11:35 p.m. CSTs	
For stations located in the Central or Mountain Time Zone, h last quarter from 5:00 p.m. to 10:35 p.m. (must average at least	
Total 5:00 p.m. to 10:35 p.m. PSAs	2
Total 5:00 p.m. to 10:35 p.m. CSTs	2
Comments (add additional sheets where necessary):  Station produced PSA's 8. Network	k produced PSA 's number 0.

## 30 Minute Educational Programs - Last Quarter

How many 30 minute, DTV-related informational programs did your station run during the quarter? At least one such program must be run between the hours of 8:00 a.m. and 11:35 p.m., prior to February 17, 2009.
Total number of 30 Minute Informational Programs
Comments (add additional sheets where necessary):
100 -Day Countdown Eligible Pieces - Last Quarter Beginning on November 10, 2008, all stations participating in Option Two will engage in special 100-Day "Countdown to DTV" activities. Stations must execute a minimum of one "Countdown To DTV" on-air activity per day during the 100 days leading up to February 17, 2009. During the last quarter, how many of each eligible 100-Day "Countdown to DTV" pieces did your station run?
Graphic Displays
Animated Graphics
Graphic and Audio Displays
Longer Form Reminders
Comments (add additional sheets where necessary):

## Section C (For Noncommercial broadcasters only)

On its analog channel, and its primary digital stream, a station must air 60 seconds per day of on-air consumer education, in variable timeslots, including at least 7.5 minutes per month between 6 pm and 12 am. Beginning May 1, 2008, this requirement doubles, and beginning November 1, 2008, it increases again, to 180 seconds per day and 22.5 minutes per month between 6 pm and midnight. It must also run one 30 minute transition education piece once (See rules for additional details).

Have you aired a sufficient amount of consumer education (6 during each day this quarter?  Yes  No  No  Minute Educational Programs - Last Quarter	50, 120, or 180 seconds per day, depending on the date)
How many 30 minute, DTV-related informational programs of may be used to describe this activity. At least one such program, prior to February 17, 2009.  Total number of 30 Minute Informational Programs	- ·
Comments (add additional sheets where necessary):	

## Section D (For all broadcasters)

	Quarter Did your station run additional on-air initiatives (such as news arter? The comment box may be used to describe these initiatives.
Yes No	Comments (add additional sheets where necessary):  KYOU aired 56 additional DTV PSA's per week for the "Big Switch"
Station Website Additional Activity Related	to the DTV Transition - Last Quarter
Does your station have a Website?	Yes No
If YES, did your station provide additional Dibe used to describe what was posted on the state	$\Gamma$ V related information or activities on that Website? The comment box may tion's Website.
Yes No	Comments (add additional sheets where necessary): Separate page describing the "Big Switch" and how to prepare for it.
	Quarter Check all of the DTV related activities listed below that your omment box may be used to describe this activity.
Speaking Engagements	Comments (add additional sheets where necessary): KYOU GM spoke at several seminars about the "Big Switch"
Community Events	Comments (add additional sheets where necessary): Information booth at local Home Expo.
Other (describe)	Comments (add additional sheets where necessary):
This comment box may be used to include of the last quarter.  Comments (add additional sheets where necessary)	ther comments or information about your station's DTV activity over

#### STATION CERTIFICATION

I certify that the statements in this document are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Typed or Printed Name of Person Signing	Typed or Printed Title of Person Signing	
Dianne Little	General Manager	
Signatúre	Date	
deane Dettell	4/10/2008	

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/CR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

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